Benefit Services Division, P.O. Box 942716, Sacramento, CA 94229-2716
CalPERS   Telecommunications Device for the Deaf - (916) 326-3240 • FAX (916) 326-3934 • (800) 352-2238

CalPERS Direct Deposit Authorization

_____
First Name   Middle Initial   Last Name

_____
Mailing Address   City   State   ZIP

To sign up for Direct Deposit, simply complete this authorization. You must check the type of account (checking or savings), and sign and date this authorization. If you want Direct Deposit to your checking account, attach your voided or canceled check. If your address is incorrect on the check, please correct it. **Do not attach a deposit slip**.

If you are authorizing CalPERS to directly deposit your monthly benefit into your savings account, if you do not wish to attach a voided or canceled check, or you do not have printed personalized checks, please visit your financial institution to obtain the correct routing and account numbers. Your financial institution will be able to answer any questions you may have about the effectiveness of Direct Deposit. **If you attach your voided, personalized check, you do not need to visit your financial institution**.

Please include your telephone number so we may contact you if we have any questions about your CalPERS Direct Deposit Authorization. You may also call us at the above number if you have any further questions.

You will receive your monthly benefit by Direct Deposit approximately 60 days after CalPERS receives this authorization. During this time, CalPERS will run a test transaction through the banking system. You will receive written notification to let you know when you can expect to receive your first Direct Deposit.

| | | | | – | | | | – | | | | | |
Social Security Number

_____
Phone Number (with area code)

Type of Account (check one)

❑ **Checking** (attach a voided or canceled check ❑ **Savings**

Certification

I certify that I am entitled to the payment identified above, and that I have read and understood the information and instructions on this form. In signing this form, I authorize my payment to be sent to my financial institution and deposited to the designated account. I authorize amounts transferred after my death or transmitted in error to be debited to my account. If the funds have been withdrawn following my date of death, I authorize my financial institution to release the name and address of the person(s) responsible for reimbursement to CalPERS.

_____
Signature of Payee   Date

To be completed by financial institution if you are authorizing your direct deposit to your savings account or if you do not have printed personalized checks.

_____ | | | | | | | | | | | | | | | | | | |
Name and Address of Financial Institution   Depositor Branch and Account Number
                                               (show the number exactly as recorded including necessary spaces, zeroes, or dashes.)

_____ | | | | | | | | | | | |
Branch Name and Number   Branch Telephone Number   Routing Number Check Digits

I confirm the identity of the above-named payee(s) and the account number. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

_____   ___/___/___
Signature of Representative   Print/Type Representative's Name   Date

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